## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000008268

Entity Name: WEST PALM RADIATION ASSOCIATES, L.L.C.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2234 COLONIAL BLVD. 12573 NEW BRITTANY BLVD # 23

FORT MYERS, FL 33907 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

2234 COLONIAL BLVD. 12573 NEW BRITTANY BLVD # 23

FORT MYERS, FL 33907 FORT MYERS, FL 33907

FEI Number: 65-1026706 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWKIRK, CATHY A

NEWKIRK, CATHY A

12572 NEW RDITTANN

2334 COLONIAL BLVD 12573 NEW BRITTANY BLVD # 23 FT. MYERS, FL 33907 US FT. MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CATHY NEWKIRK 04/21/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DOSORETZ, DANIEL E M.D.
 Name:

 Address:
 2234 COLONIAL BLVD.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WING, MICHAEL M.D.
 Name:

 Address:
 2234 COLONIAL BLVD.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANIEL E DOSORETZ MGRM 04/21/2008